

<i>SERFF Tracking Number:</i>	<i>PPIC-125623664</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Preferred Professional Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-WC-08-03</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Preferred Professional Insurance Company

Product Name: Workers Compensation

SERFF Tr Num: PPIC-125623664

State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: AR-WC-08-03

State Status: Fees verified and received

Filing Type: Rate

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Denise Hill

Disposition Date: 04/30/2008

Date Submitted: 04/29/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date (New): 07/01/2008

Effective Date Requested (Renewal): 07/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: AR-2008-02

Reference Title: Arkansas-Approved Voluntary Loss Costs and Rating

Advisory Org. Circular: AR-2008-02

Values to be Effective July 1, 2008

Filing Status Changed: 04/30/2008

State Status Changed: 04/30/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This filing is being submitted on behalf of Preferred Professional Insurance Company (PPIC) to be effective July 1, 2008. PPIC is an affiliated carrier with NCCI and would like to file to adopt the advisory loss costs and rating values referenced in circular AR-2008-02. PPIC would like to keep our currently approved loss cost multiplier of 1.2987 on file. PPIC will be writing very few select insureds for its owners for workers compensation and will not be marketing to the general public. Thank you for your consideration of our filing.

SERFF Tracking Number:	PPIC-125623664	State:	Arkansas
Filing Company:	Preferred Professional Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-WC-08-03		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/		

Company and Contact

Filing Contact Information

Denise Hill, Corporate Compliance Officer	eseaman@ppicins.com
11605 Miracle Hill Drive	(402) 392-1566 [Phone]
Omaha, NE 68154	(402) 392-2673[FAX]

Filing Company Information

Preferred Professional Insurance Company	CoCode: 36234	State of Domicile: Nebraska
11605 Miracle Hills Drive	Group Code:	Company Type: P & C
Suite 200		
Omaha, NE 68154-4467	Group Name:	State ID Number:
(800) 441-7742 ext. 240[Phone]	FEIN Number: 47-0580977	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 for Loss Costs Adoption.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Preferred Professional Insurance Company	\$50.00	04/29/2008	19975202

SERFF Tracking Number:	PPIC-125623664	State:	Arkansas
Filing Company:	Preferred Professional Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-WC-08-03		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	04/30/2008	04/30/2008

SERFF Tracking Number:	PPIC-125623664	State:	Arkansas
Filing Company:	Preferred Professional Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-WC-08-03		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/		

Disposition

Disposition Date: 04/30/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Preferred Professional Insurance Company	-12.800%	\$-33,351	3	\$260,555	%	%	-12.800%

SERFF Tracking Number: PPIC-125623664 State: Arkansas

Filing Company: Preferred Professional Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AR-WC-08-03

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Arkansas Final Rate Pages	Approved	Yes

SERFF Tracking Number:	PPIC-125623664	State:	Arkansas
Filing Company:	Preferred Professional Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-WC-08-03		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	-16.100%
Effective Date of Last Rate Revision:	01/01/2008
Filing Method of Last Filing:	Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Preferred Professional Insurance Company	-12.800%	-12.800%	\$-33,351	3	\$260,555	%	%

SERFF Tracking Number: PPIC-125623664 State: Arkansas
Filing Company: Preferred Professional Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-WC-08-03
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 04/30/2008

Comments:

Attachment:

PC Tranmittal Document.pdf

Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation
Review Status: Approved 04/30/2008

Comments:

Attachments:

loss_cost_wc_coverLC.pdf

loss_cost_filing_document_wc.pdf

Satisfied -Name: NAIC loss cost data entry document
Review Status: Approved 04/30/2008

Comments:

Attachment:

Loss Cost Data Entry.pdf

Satisfied -Name: Arkansas Final Rate Pages
Review Status: Approved 04/30/2008

Comments:

Attachment:

Arkansas Final Rate Page 7-08.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	

Date: April 29, 2008

Space Reserved for Insurance
Department Use

**WORKERS' COMPENSATION
LOSS COST FILING DOCUMENT COVER FORM**

**INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS**

1. INSURER NAME Preferred Professional Insurance Company
- ADDRESS 11605 Miracle Hills Drive, Suite 200
Omaha, NE 68154
2. PERSON RESPONSIBLE FOR FILING Emalee Seaman
- TITLE Corporate Compliance Paralegal TELEPHONE # (800) 441-7742, Ext. 3233
3. INSURER NAIC # 36234
4. ADVISORY ORGANIZATION NCCI
- 5A. PROPOSED RATE LEVEL CHANGE -12.8 % EFFECTIVE DATE 7/01/2008
- 5B. PROPOSED PREMIUM LEVEL CHANGE* -12.8 % EFFECTIVE DATE 7/01/2008
- 6A. PRIOR RATE LEVEL CHANGE -16.1 % EFFECTIVE DATE 01/01/2008
- 6B. PRIOR PREMIUM LEVEL CHANGE* -16.1 % EFFECTIVE DATE 01/01/2008
7. ATTACH "NAIC LOSS COST FILING DOCUMENT—WORKERS' COMPENSATION"
(Attach this document separately for each insurer selected loss cost multiplier.)

* The premium level change is the change in the insurer's annual collectible premium.

NAIC LOSS COST FILING DOCUMENT—**WORKERS' COMPENSATION**

CALCULATION OF COMPANY LOSS COST MULTIPLIER

(EFFECTIVE AUG. 16, 2004)

This filing transmittal is part of Company Tracking #	AR-WC-08-03
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

(X) **Loss Cost Reference Filing** NCCI AR-2008-02 () **Independent Rate Filing**
(Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

<input checked="" type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. Note: Some states have statutes that prohibit this option for some lines of business.
<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? Yes If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

(X) Without Modification (factor = 1.000)

() With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.0000

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. **Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.** (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)
PROJECTED EXPENSES: Compared to standard premium at company rates.

			Selected Provisions	
	A.	Total Production Expense	4.00	%
	B.	General Expense	15.00	%
	C.	Taxes, Licenses & Fee	9.30	%
	D.	Underwriting profit & contingencies*	0.00	%
	E.	Other (explain)	-5.00	%
	F.	Total	23.30	%
	* Explain how investment income is taken into account			

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	76.70%
	B.	ELR in Decimal Form =	0.7670

NAIC LOSS COST FILING DOCUMENT—*WORKERS' COMPENSATION*

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.0039
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	
8.	Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	1.2987
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.2987

Yes No

10. **Are you amending your minimum premium formula?** If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

() (x)

11. **Are you changing your premium discount schedules?** If yes, attach schedules and support, detailing premium or rate level changes.

() (x)

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	AR-WC-08-03
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI AR-2008-02
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	Company Name		Company NAIC Number
3.	A. Preferred Professional Insurance Company	B.	36234

	Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A. 16.0 Workers Compensation	B.	16.0004 Standard WC

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers Compensation	-12.8%	-12.8%	76.70%	1.0000	1.2987	225	1.2987
TOTAL OVERALL EFFECT	-12.8%	-12.8%					

6.

5 Year History

Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2008	3	-16.1%	1/1/2008	N/A	N/A	N/A	N/A
2007	3	0	3/1/2007	220,042	19,838	22.58	145.78
2006	1	0	N/A	(55,788)	(191,511)	233.32	-197.15
2005	0	0	N/A	(3,255)	4,100	1.36	158.87
2004	1	0.5%	7/1/2004	1,146,769	1,463,734	142.01	165.52

7.

Expense Constants	Selected Provisions
A. Total Production Expense	4.00%
B. General Expense	15.00%
C. Taxes, License & Fees	9.30%
D. Underwriting Profit	0.00%
E. Other (explain)	-5.00%
F. TOTAL	23.30%

8. Y Apply Lost Cost Factors to Future filings? (Y or N)

9. N/A Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. -12.8% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

Preferred Professional Insurance Company
Arkansas Final Loss Costs Pages
Effective July 1, 2008

CLASS CODE	NCCI Loss Cost	PPIC FINAL LOSS COST	CLASS CODE	NCCI Loss Cost	PPIC FINAL LOSS COST	CLASS CODE	NCCI Loss Cost	PPIC FINAL LOSS COST	CLASS CODE	NCCI Loss Cost	PPIC FINAL LOSS COST
0005	3.88	5.04	2001	1.44	1.87	2651	1.59	2.06	3169	1.48	1.92
0008	1.58	2.05	2002	1.81	2.35	2660	0.88	1.14	3175D	1.72	2.23
0016	3.40	4.42	2003	2.04	2.65	2670	1.39	1.81	3179	1.45	1.88
0034	2.61	3.39	2014	3.84	4.99	2683	1.19	1.55	3180	1.08	1.40
0035	1.56	2.03	2016	1.20	1.56	2688	1.84	2.39	3188	0.92	1.19
0036	2.48	3.22	2021	2.01	2.61	2701	4.47	5.81	3220	1.14	1.48
0037	2.80	3.64	2039	2.69	3.49	2702X	18.23	23.68	3223	1.81	2.35
0042	3.86	5.01	2041	2.58	3.35	2710	5.31	6.90	3224	1.48	1.92
0050	3.14	4.08	2065	0.97	1.26	2714	2.52	3.27	3227	1.10	1.43
0059D	0.18	0.23	2070	3.30	4.29	2719X	6.69	8.69	3240	1.83	2.38
0065D	0.03	0.04	2081	2.33	3.03	2731	2.24	2.91	3241	1.70	2.21
0066D	0.03	0.04	2089	1.53	1.99	2735	1.57	2.04	3255	1.41	1.83
0067D	0.03	0.04	2095	1.65	2.14	2759	5.11	6.64	3257	2.06	2.68
0079	2.56	3.32	2105	1.47	1.91	2790	0.94	1.22	3270	1.95	2.53
0083	5.90	7.66	2110	1.29	1.68	2802	3.18	4.13	3300	2.70	3.51
0106	6.90	8.96	2111	1.52	1.97	2812	2.23	2.90	3303	2.31	3.00
0113	3.46	4.49	2112	1.64	2.13	2835	0.97	1.26	3307	2.03	2.64
0170	1.49	1.94	2114	1.62	2.10	2836	1.36	1.77	3315	1.59	2.06
0251	3.05	3.96	2121	1.35	1.75	2841	2.25	2.92	3334	1.29	1.68
0400	4.88	6.34	2130	1.69	2.19	2881	1.52	1.97	3336	1.33	1.73
0401	6.66	8.65	2131	1.14	1.48	2883	2.47	3.21	3365	6.18	8.03
0771N	0.18	0.23	2143	1.32	1.71	2913	2.47	3.21	3372	1.72	2.23
0908P	86.00	111.69	2150	-	-	2915	2.57	3.34	3373	1.75	2.27
0909	-	-	2156	-	-	2916	1.41	1.83	3383	0.65	0.84
0912	-	-	2157	2.45	3.18	2923	1.45	1.88	3385	0.53	0.69
0913P	212.00	275.32	2172	0.95	1.23	2942	1.42	1.84	3400	1.64	2.13
0917	2.37	3.08	2174	1.77	2.30	2960	1.95	2.53	3507	1.87	2.43
1005*	6.67	8.66	2211	3.31	4.30	3004	1.66	2.16	3515	1.32	1.71
1016X*	24.89	32.32	2220	1.18	1.53	3018	1.55	2.01	3548	0.82	1.06
1164E	4.31	5.60	2286	0.86	1.12	3022	1.92	2.49	3559	1.57	2.04
1165E	2.84	3.69	2288	2.44	3.17	3027	1.62	2.10	3574	0.68	0.88
1320	1.77	2.30	2300	1.29	1.68	3028	1.40	1.82	3581	0.87	1.13
1322	9.50	12.34	2302	1.03	1.34	3030	2.43	3.16	3612	1.33	1.73
1430	2.62	3.40	2305	1.29	1.68	3040	2.25	2.92	3620	3.51	4.56
1438	1.47	1.91	2361	0.73	0.95	3041	2.01	2.61	3629	1.18	1.53
1452	1.02	1.32	2362	1.06	1.38	3042	1.92	2.49	3632	2.42	3.14
1463	7.04	9.14	2380	2.73	3.55	3064	2.78	3.61	3634	1.03	1.34
1472	2.45	3.18	2386	0.68	0.88	3066	-	-	3635	1.25	1.62
1624E	4.59	5.96	2388	1.16	1.51	3069	4.77	6.19	3638	0.89	1.16
1642	2.47	3.21	2402	1.30	1.69	3076	1.79	2.32	3642	0.51	0.66
1654	3.79	4.92	2413	1.02	1.32	3081D	1.74	2.26	3643	1.79	2.32
1655	2.99	3.88	2416	1.01	1.31	3082D	2.35	3.05	3647	2.03	2.64
1699	1.21	1.57	2417	0.95	1.23	3085D	1.96	2.55	3648	1.30	1.69
1701	1.87	2.43	2501	0.82	1.06	3110	1.72	2.23	3681	0.94	1.22
1710E	3.70	4.81	2503	0.81	1.05	3111	1.80	2.34	3685	1.08	1.40
1741E	1.12	1.45	2534	1.30	1.69	3113	1.42	1.84	3719	1.58	2.05
1745X	1.81	2.35	2570	2.99	3.88	3114	1.58	2.05	3724	4.11	5.34
1747	1.58	2.05	2576	-	-	3118	0.73	0.95	3726	1.83	2.38
1748	4.51	5.86	2578	-	-	3119	0.66	0.86	3803	1.15	1.49
1803D	3.24	4.21	2585	1.87	2.43	3122	0.91	1.18	3807	1.27	1.65
1852D	1.50	1.95	2586	0.80	1.04	3126	1.04	1.35	3808	1.66	2.16
1853	1.40	1.82	2587	1.75	2.27	3131	0.63	0.82	3821	2.50	3.25
1860	1.18	1.53	2589	0.87	1.13	3132	1.49	1.94	3822	2.19	2.84
1924	2.56	3.32	2600	3.86	5.01	3145	1.44	1.87	3824	2.93	3.81
1925	1.77	2.30	2623	1.70	2.21	3146	1.66	2.16	3826	0.53	0.69

*Refer to the Footnotes Page for additional information on this class code.

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CLASS CODE	NCCI Loss Cost	PPIC FINAL LOSS COST	CLASS CODE	NCCI Loss Cost	PPIC FINAL LOSS COST	CLASS CODE	NCCI Loss Cost	PPIC FINAL LOSS COST	CLASS CODE	NCCI Loss Cost	PPIC FINAL LOSS COST
3827	0.95	1.23	4511	0.45	0.58	5462	3.45	4.48	6836	3.83	4.97
3830	0.68	0.88	4557	1.03	1.34	5472	3.14	4.08	6843F	9.72	12.62
3851	1.60	2.08	4558	1.00	1.30	5473	4.30	5.58	6845F	14.75	19.16
3865	0.77	1.00	4561	1.20	1.56	5474	4.72	6.13	6854	3.32	4.31
3881	2.13	2.77	4568	1.57	2.04	5478	2.87	3.73	6872F	12.67	16.45
4000	4.37	5.68	4581	1.05	1.36	5479	5.08	6.60	6874F	25.92	33.66
4021	3.58	4.65	4583	3.21	4.17	5480	5.14	6.68	6882	3.32	4.31
4024E	1.34	1.74	4611	0.58	0.75	5491	1.33	1.73	6884	7.50	9.74
4034	4.20	5.45	4635	2.99	3.88	5506	2.40	3.12	7016M	2.95	3.83
4036	1.52	1.97	4653	0.78	1.01	5507	3.61	4.69	7024M	3.28	4.26
4038	1.31	1.70	4665	4.05	5.26	5508D	6.09	7.91	7038M	3.72	4.83
4053	2.08	2.70	4670	2.32	3.01	5535	4.77	6.19	7046M	16.36	21.25
4061	2.56	3.32	4683	2.96	3.84	5536	-	-	7047M	5.28	6.86
4062	1.39	1.81	4686	0.77	1.00	5537	3.15	4.09	7050M	6.65	8.64
4101	1.21	1.57	4692	0.29	0.38	5538	-	-	7090M	4.13	5.36
4111	1.85	2.40	4693	0.56	0.73	5551	9.16	11.90	7098M	18.18	23.61
4112	0.57	0.74	4703	1.46	1.90	5606	1.09	1.42	7099M	29.29	38.04
4113	0.80	1.04	4717	1.08	1.40	5610	3.57	4.64	7133	2.25	2.92
4114	1.34	1.74	4720	3.16	4.10	5645	7.29	9.47	7151M	2.73	3.55
4130	2.75	3.57	4740	0.93	1.21	5651	5.41	7.03	7152M	4.89	6.35
4131	1.47	1.91	4741	1.06	1.38	5703	58.96	76.57	7153M	3.04	3.95
4133	1.45	1.88	4751	0.90	1.17	5705	3.45	4.48	7222	6.30	8.18
4150	1.01	1.31	4771N	1.03	1.34	5951	0.26	0.34	7228X	4.47	5.81
4206	2.22	2.88	4777	1.05	1.36	6003	6.46	8.39	7229X	4.69	6.09
4207	0.61	0.79	4825	0.54	0.70	6005	4.91	6.38	7230	2.64	3.43
4239	0.77	1.00	4828	1.01	1.31	6017	2.52	3.27	7231	3.50	4.55
4240	1.49	1.94	4829	0.73	0.95	6018	1.37	1.78	7232	8.26	10.73
4234	1.01	1.31	4902	0.81	1.05	6045	1.59	2.06	7309F	14.74	19.14
4244	1.79	2.32	4923	0.67	0.87	6204	6.43	8.35	7313F	4.18	5.43
4250	0.90	1.17	5020	4.45	5.78	6206	4.08	5.30	7317F	6.61	8.58
4251	1.07	1.39	5022	3.20	4.16	6213	5.37	6.97	7327F	19.51	25.34
4263	1.33	1.73	5037	12.55	16.30	6214	1.81	2.35	7333M	3.54	4.60
4273	1.16	1.51	5040	16.83	21.86	6216	4.18	5.43	7335M	3.93	5.10
4279	1.09	1.42	5057	12.04	15.64	6217	3.27	4.25	7337M	6.33	8.22
4282	1.28	1.66	5059	14.30	18.57	6229	3.24	4.21	7350F	12.72	16.52
4238	1.19	1.55	5069	18.06	23.45	6233	3.53	4.58	7360	4.56	5.92
4299	1.06	1.38	5102	2.65	3.44	6235	9.39	12.19	7370	3.22	4.18
4304	1.67	2.17	5146	3.24	4.21	6236	7.73	10.04	7380X	2.22	2.88
4307	1.33	1.73	5160	2.29	2.97	6237	1.98	2.57	7382	1.83	2.38
4308	-	-	5183	2.27	2.95	6251D	5.15	6.69	7390	2.37	3.08
4351	0.69	0.90	5188	2.90	3.77	6252D	3.85	5.00	7394M	7.18	9.32
4352	0.61	0.79	5190	2.08	2.70	6260D	3.40	4.42	7395M	7.98	10.36
4360	0.55	0.71	5191X	1.20	1.56	6306	3.66	4.75	7398M	12.86	16.70
4361	0.80	1.04	5192	2.59	3.36	6319	3.57	4.64	7403	1.90	2.47
4362	0.70	0.91	5213	4.57	5.94	6325	2.98	3.87	7405N	0.75	0.97
4410	1.94	2.52	5215	2.73	3.55	6400	4.47	5.81	7409*	-	-
4420	2.34	3.04	5221	3.36	4.36	6504	1.54	2.00	7420X*	16.46	21.38
4431	0.90	1.17	5222	7.76	10.08	6702M*	4.96	6.44	7421	1.74	2.26
4432	0.97	1.26	5223	3.42	4.44	6703M*	8.87	11.52	7422	1.47	1.91
4439	1.02	1.32	5348	2.65	3.44	6704M*	5.51	7.16	7423	-	-
4452	1.97	2.56	5402	2.94	3.82	6801F	7.56	9.82	7425	2.72	3.53
4459	1.13	1.47	5403	6.08	7.90	6811	3.32	4.31	7431N	1.11	1.44
4470	1.44	1.87	5437	2.88	3.74	6824F	21.77	28.27	7445N	0.40	0.52
4484	1.26	1.64	5443	2.61	3.39	6826F	8.35	10.84	7453N	0.60	0.78
4493	1.53	1.99	5445	3.27	4.25	6834	2.35	3.05	7502	1.63	2.12

*Refer to the Footnotes Page for additional information on this class code.

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CLASS CODE	NCCI Loss Cost	PPIC FINAL LOSS COST	CLASS CODE	NCCI Loss Cost	PPIC FINAL LOSS COST	CLASS CODE	NCCI Loss Cost	PPIC FINAL LOSS COST
7515	0.70	0.91	8235	2.71	3.52	9012	1.27	1.65
7520	1.48	1.92	8263	6.12	7.95	9014	1.82	2.36
7538	6.63	8.61	8264	2.21	2.87	9015X	1.58	2.05
7539	2.84	3.69	8265	6.09	7.91	9016	4.08	5.30
7540	1.86	2.42	8279	5.85	7.60	9019	1.94	2.52
7580	1.23	1.60	8288	3.94	5.12	9033	1.29	1.68
7590	3.40	4.42	8291	1.37	1.78	9040*	2.31	3.00
7600	1.71	2.22	8292	1.95	2.53	9052	1.02	1.32
7601	7.71	10.01	8293	4.49	5.83	9058	1.17	1.52
7605	2.15	2.79	8295X	4.91	6.38	9059	1.81	2.35
7610	0.35	0.45	8304	4.52	5.87	9060	1.19	1.55
7611	3.45	4.48	8350	3.72	4.83	9061	0.91	1.18
7612	7.69	9.99	8380	2.33	3.03	9063	0.65	0.84
7613	3.07	3.99	8381	0.98	1.27	9077F	2.78	3.61
7704	-	-	8385	1.58	2.05	9082	1.05	1.36
7705	1.69	2.19	8392	1.97	2.56	9083	1.06	1.38
7710	3.79	4.92	8393	1.12	1.45	9084	1.23	1.60
7711	3.79	4.92	8500	4.16	5.40	9089	0.75	0.97
7720X	1.69	2.19	8601	0.54	0.70	9093	0.92	1.19
7855	4.08	5.30	8606	1.83	2.38	9101	1.98	2.57
8001	1.46	1.90	8709F	5.24	6.81	9102	1.91	2.48
8002	2.13	2.77	8719	1.23	1.60	9110	-	-
8006	1.27	1.65	8720	0.89	1.16	9154	1.27	1.65
8008	0.80	1.04	8721	0.26	0.34	9156	0.86	1.12
8010	1.24	1.61	8726F	6.01	7.81	9170	1.82	2.36
8013	0.32	0.42	8734M	0.42	0.55	9178	17.18	22.31
8015	0.42	0.55	8737M	0.38	0.49	9179	23.57	30.61
8017	0.77	1.00	8738M	0.67	0.87	9180	2.43	3.16
8018X*	1.65	2.14	8742X	0.31	0.40	9182	1.77	2.30
8021	1.22	1.58	8745	3.00	3.90	9186	34.91	45.34
8031	2.54	3.30	8748	0.27	0.35	9220	2.23	2.90
8032	1.04	1.35	8755	0.17	0.22	9402	2.82	3.66
8033	1.24	1.61	8799	0.63	0.82	9403	3.75	4.87
8039	0.90	1.17	8800	0.63	0.82	9410	1.15	1.49
8044	1.81	2.35	8803	0.05	0.06	9501	2.88	3.74
8045	0.27	0.35	8805M	0.22	0.29	9505	2.50	3.25
8046	1.75	2.27	8810	0.16	0.21	9516	2.13	2.77
8047	0.70	0.91	8814M	0.19	0.25	9519	1.20	1.56
8050	-	-	8815M	0.35	0.45	9521	3.47	4.51
8058	1.80	2.34	8820	0.14	0.18	9522	1.03	1.34
8072	0.53	0.69	8824	1.62	2.10	9534	4.58	5.95
8102	1.66	2.16	8825	1.38	1.79	9554	4.86	6.31
8103	2.45	3.18	8826	1.46	1.90	9586	0.43	0.56
8105	3.17	4.12	8829	1.76	2.29	9600	1.07	1.39
8106	2.51	3.26	8831	1.72	2.23	9620	0.87	1.13
8107	2.14	2.78	8832	0.18	0.23			
8111	2.47	3.21	8833X*	0.59	0.77			
8116	2.75	3.57	8835	1.29	1.68			
8203	3.61	4.69	8842	0.96	1.25			
8204	3.13	4.06	8861	-	-			
8209	1.96	2.55	8864	0.96	1.25			
8215	3.76	4.88	8868	0.25	0.32			
8227	2.05	2.66	8869	0.48	0.62			
8232	4.13	5.36	8871	0.15	0.19			
8233	3.36	4.36	8901	0.17	0.22			

*Refer to the Footnotes Page for additional information on this class code.

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FOOTNOTE

D Advisory loss cost for classification already includes the specific disease loading shown in the table below. See **Basic Manual** Rule 3-A-7.

E Advisory loss cost for classification already includes the specific disease loading shown in the table below.

Disease Code No.	Loading	Symbol	Disease Code No.	Loading	Symbol	Disease Code No.	Loading	Symbol
0059D	0.18	S	1710E	0.03	S	3175D	0.02	S
0065D	0.03	S	1741E	0.15	S	4024E	0.01	S
0066D	0.03	S	1803D	0.15	S	5508D	0.02	S
0067D	0.03	S	1852D	0.03	Asb	6251D	0.04	S
1164E	0.05	S	3081D	0.03	S	6252D	0.02	S
1165E	0.02	S	3082D	0.03	S	6260D	0.02	S
1624E	0.03	S	3085D	0.03	S			

S=Silica, Asb=Asbestos

F Advisory loss cost provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Loss cost contains a provision for federal assessment.

M Advisory loss cost provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL & HW assessment is included for those classifications under Program II USL Act.

N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding advisory loss cost are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

P Classification is computed on a per capita basis.

X Refer to special classification phraseology in these pages which is applicable in this state.

* Class Codes with Specific Footnotes

- 1005 Advisory loss cost includes a non-ratable disease element of \$3.26. (For coverage written separately for federal benefits only, \$2.15. For coverage written separately for state benefits only, \$1.11.)
- 1016 Advisory loss cost includes a non-ratable disease element of \$13.02. (For coverage written separately for federal benefits only, \$8.58. For coverage written separately for state benefits only, \$4.44.) It also includes a catastrophe loading of \$0.08.
- 6702 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code loss cost and elr each x 1.215.
- 6703 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost x 2.175 and elr x 2.032.
- 6704 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost and elr each x 1.35.
- 7409 The ELR on the rate page is based on payroll subject to a maximum of \$750 per week per employee. Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005.
An ELR of 7.71 should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation).
An ELR of 15.43 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- 7420 Payroll is subject to a maximum of \$750 per week per employee effective July 1, 2008. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2008 (\$750 payroll limitation).
An ELR of 7.71 should be applied to policies with effective dates prior to July 1, 2008 and on or after July 1, 2006 (\$600 payroll limitation).
An ELR of 5.65 should be applied to policies with effective dates prior to July 1, 2006 (uncapped payroll).
- 8018 See Arkansas Special Classifications for Warehousing-groceries exclusively.
- 8833 The ex-medical loss cost for this classification is \$0.30. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- 9040 The ex-medical loss cost for this classification is \$1.11. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

Effective July 1, 2008

ADVISORY MISCELLANEOUS VALUES

Advisory Loss Elimination Ratios – The following percentages are applicable by deductible amount and hazard group on a per claim basis*:

Total Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	13.0%	10.4%	8.9%	7.4%	6.2%	4.3%	3.2%
\$1,500	15.9%	12.8%	10.9%	9.2%	7.8%	5.4%	4.1%
\$2,000	18.1%	14.7%	12.6%	10.7%	9.1%	6.5%	4.9%
\$2,500	20.1%	16.3%	14.1%	12.1%	10.2%	7.4%	5.6%
\$3,000	21.8%	17.8%	15.4%	13.2%	11.3%	8.2%	6.2%
\$3,500	23.4%	19.1%	16.6%	14.3%	12.2%	9.0%	6.8%
\$4,000	24.8%	20.3%	17.8%	15.4%	13.1%	9.7%	7.4%
\$4,500	26.2%	21.5%	18.8%	16.3%	14.0%	10.4%	7.9%
\$5,000	27.4%	22.6%	19.8%	17.3%	14.8%	11.1%	9.4%

Medical Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	12.6%	10.1%	8.6%	7.1%	6.0%	4.1%	3.0%
\$1,500	15.2%	12.2%	10.4%	8.8%	7.4%	5.1%	3.8%
\$2,000	17.1%	13.8%	11.9%	10.0%	8.5%	5.9%	4.5%
\$2,500	18.7%	15.2%	13.1%	11.1%	9.4%	6.7%	5.0%
\$3,000	20.1%	16.4%	14.2%	12.1%	10.2%	7.3%	5.5%
\$3,500	21.3%	17.5%	15.1%	12.9%	11.0%	7.9%	6.0%
\$4,000	22.5%	18.4%	16.0%	13.7%	11.7%	8.5%	6.4%
\$4,500	23.5%	19.3%	16.8%	14.5%	12.3%	9.0%	6.8%
\$5,000	24.4%	20.1%	17.5%	15.1%	12.9%	9.5%	7.2%

Indemnity Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	2.7%	2.1%	1.9%	1.8%	1.6%	1.3%	1.0%
\$1,500	3.7%	2.9%	2.7%	2.5%	2.2%	1.9%	1.4%
\$2,000	4.6%	3.7%	3.4%	3.2%	2.8%	2.3%	1.8%
\$2,500	5.4%	4.4%	4.0%	3.8%	3.3%	2.8%	2.1%
\$3,000	6.2%	5.0%	4.6%	4.3%	3.8%	3.2%	2.4%
\$3,500	6.9%	5.6%	5.2%	4.8%	4.3%	3.6%	2.7%
\$4,000	7.5%	6.2%	5.7%	5.3%	4.7%	4.0%	3.0%
\$4,500	8.1%	6.7%	6.2%	5.7%	5.1%	4.3%	3.3%
\$5,000	8.7%	7.2%	6.6%	6.2%	5.5%	4.6%	3.6%

Total Losses				
Deductible Amount	HAZARD GROUP			
	1	2	3	4
\$1,000	10.9%	8.4%	5.2%	3.2%
\$1,500	13.4%	10.4%	6.6%	4.1%
\$2,000	15.3%	12.0%	7.7%	4.9%
\$2,500	17.0%	13.4%	8.7%	5.6%
\$3,000	18.6%	14.7%	9.7%	6.2%
\$3,500	20.0%	15.9%	10.5%	6.8%
\$4,000	21.2%	17.0%	11.4%	7.4%
\$4,500	22.4%	18.0%	12.1%	7.9%
\$5,000	23.6%	19.0%	12.9%	8.4%

*The values shown for Hazard Groups 1 through 4 are for the reference of those carriers that have filed for the use Of these hazard groups in accordance with Item B-1403.

Effective July 1, 2008

ADVISORY MISCELLANEOUS VALUES (cont.)

Advisory Loss Elimination Ratios (continued) - The following percentages are applicable by deductible amount and hazard group for total losses on a per claim basis*:

Medical Losses					Indemnity Losses				
Deductible Amount	HAZARD GROUP				Deductible Amount	HAZARD GROUP			
	1	2	3	4		1	2	3	4
\$1,000	10.6%	8.1%	5.0%	3.0%	\$1,000	2.2%	1.9%	1.4%	1.0%
\$1,500	12.8%	9.9%	6.2%	3.8%	\$1,500	3.1%	2.6%	2.0%	1.4%
\$2,000	14.5%	11.3%	7.1%	4.5%	\$2,000	3.9%	3.3%	2.6%	1.8%
\$2,500	15.9%	12.5%	8.0%	5.0%	\$2,500	4.6%	3.9%	3.0%	2.1%
\$3,000	17.1%	13.5%	8.7%	5.5%	\$3,000	5.3%	4.5%	3.5%	2.4%
\$3,500	18.2%	14.4%	9.4%	6.0%	\$3,500	5.9%	5.1%	3.9%	2.7%
\$4,000	19.2%	15.3%	10.0%	6.4%	\$4,000	6.4%	5.6%	4.3%	3.0%
\$4,500	20.1%	16.0%	10.6%	6.8%	\$4,500	7.0%	6.0%	4.7%	3.3%
\$5,000	21.0%	16.8%	11.1%	7.2%	\$5,000	7.5%	6.5%	5.0%	3.6%

*The values shown for Hazard Groups 1 through 4 are for the reference of those carriers that have filed for the use of these hazard groups in accordance with Item B-1403.

Basis of premium applicable in accordance with *Basic Manual* footnote instructions for Code:

7370 – “Taxicab Co.”:

Employee operated vehicle.....	\$48,893.00
Leased or rented vehicle.....	\$32,595.00

7420 – “Aviation – Aerial Application, Seeding, Herding or Scintillometer Surveying – Flying Crew”

Maximum payroll per week per employee.....	\$750.00
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Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents.....	0.01 x 1.2987 = 0.01
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Foreign Terrorism.....	0.02 x 1.2987 = 0.03
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Maximum Payroll applicable in accordance with *Basic Manual* Rule 2-E-1 – “Executive Officers” and the *Basic Manual* footnote instructions for Code 9178 -- “Athletic Sports or Park: Noncontact Sports,” Code 9179 -- “Athletic Sports or Park: Contact Sports,” and Code 9186 -- “Carnival-Traveling”.....

\$2,500.00

Minimum Payroll applicable in accordance with *Basic Manual* Rule 2-E-1 -- “Executive Officers”.....

\$300.00

Per Passenger Seat Surcharge – In accordance with *Basic Manual* footnote instructions for Code 7421, the surcharge is:

Maximum surcharge per aircraft.....	\$1,000
Per Passenger Seat.....	\$100

Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies in Accordance with *Basic Manual* Rule 2-E-3.....

\$31,900.00

United States Longshore and Harbor Workers’ Compensation Coverage Percentage applicable only in connection with *Basic Manual* Rule 3-A-4.....

86%

(Multiply a Non-F classification loss cost by a factor of 1.86 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.116).)

Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the *Experience Rating Plan Manual* should be referenced for the latest approved eligibility amounts by state.